Initial: 12/11/02
Reviewed/revised: 2/6/06
Revision: 1

MILWAUKEE COUNTY EMS PRACTICAL SKILL CARDIOPULMONARY RESUSCITATION

| Approved by: Ronald Pirrallo, MD, MHSA |
|--|
| Signature: |
| Page 1 of 1 |

| RESUSCITATION | | | | |
|---|---|--|--|--|
| Purpose: | | | Indications: | |
| To attempt to establish return of spontaneous circulation and respiration | | | Patient is in cardiorespiratory arrest. | |
| in a patient in cardiorespiratory arrest. | | | | |
| Advantages: | Disadvantages: | Complications: | Contraindications: | |
| Provides circulation and respiration | None | Possible chest | Patient has pulse and respiration | |
| during cardiorespiratory arrest | | trauma | Patient meets any of the following criteria: | |
| | | | valid DNR order, decapitation, rigor mortis, | |
| | | | extreme dependent lividity, tissue decomposition | |
| | | Establish unresponsiveness | | |
| | | + | | |
| | | Open the airway; check breathing | | |
| | | <u> </u> | | |
| Is patient Yes • Refer to appropriate | | | | |
| breathing? protocol | | | | |
| No No | | | | |
| Give 2 breaths, ensuring effective chest rise, | | | | |
| and allow for exhalation between breaths | | | | |
| Check for carotid pulse and other signs of circulation for no more than 10 seconds | | | | |
| The control of the first to seconds | | | | |
| Any signs of Ves Refer to appropriate | | | | |
| circulation? protocol | | | | |
| No. | | | | |
| Initiate compressions and ventilation | | | | |
| | at ag | e appropriate rate and depth | | |
| √ Infant: 0 < 1 year | | ↓ Child: ≥1 < 8 years | Adult: ≥ 8 years | |
| | | | | |
| Place 2 thumbs together over sternum, encircling chest with | | Place heel of 1 or 2 hands on middle of sternum | Place heel of both hands on lower 1/2 of sternum | |
| + | | + | — | |
| Compress with thumbs and fit of 100+ beats per minute to de | | ss at rate of 100 beats per minulath of 1/3 to 1/2 depth of chest. | te Compress at rate of 100 beats per minute to depth of 1 1/2 to 2 inches. | |
| 1/2 depth of chest Allow chest to fully recoil after each compression. Allow chest to fully recoil after each compression. | | Allow chest to fully recoil after each | | |
| recoil after each compression. | | compression. | | |
| Administration | | | Advanced | |
| Advanced airway in place? | | Advanced Advanced airway in place? Yes No No No Yes | | |
| No Yes No Yes | | | No Yes | |
| ▼ Ventilate at | Ventilate at Ventilate | te at Ventilate | at Ventilate at Ventilate at | |
| compression: | compression: compres | ssion: compressi | on: compression: compression: | |
| ventilation ratio of 15:2 | ventilation ratio ventilatio of 5:1 ventilatio | | or to: 1 | |
| | | | | |

NOTES:

• Use of a barrier device to provide mouth-to-mouth ventilation is **strongly recommended** to prevent direct contact with secretions, reducing the risk of significant exposure.

Check for signs of ROSC no more often than every 2 minutes; if none, continue compressions & ventilation

- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.
- When an advanced airway is in place, continue compressions non-stop without pausing for ventilation.
- Chest compressions should be done as follows: push hard and fast, releasing completely.